PHARMACY POLICY STATEMENT
North Carolina Marketplace

DRUG NAME	Emflaza (deflazacort)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Emflaza is a corticosteroid initially approved by the FDA in 2017. It is indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older.

DMD is an X-linked, progressive disease characterized by muscle wasting, weakness, loss of walking ability, and reduced life expectancy. It is caused by mutations in the dystrophin gene resulting in reduced or near absence of dystrophin, a protein that helps keep muscle cells intact. Delaying loss of ambulation is a major goal of treatment. Corticosteroids are standard of care to improve muscle strength and function in DMD and may prolong walking ability.

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DATE	ACTION/DESCRIPTION
05/15/2017	New policy for Emflaza created.
07/25/2019	Age coverage expanded from 5 years of age and older to 2 years of age and older.
01/15/2021	Added quantity limit for oral suspension. Removed serum CK requirement. Removed onset of weakness before 5 years of age, added must have genetic testing to confirm dystrophin gene mutation. Removed MRC score requirement in initial and reauth. Added that member must show stability or slowed rate of decline of motor function/muscle strength for reauth.
03/02/2022	Added weight requirement to ensure appropriate dosing.
11/27/2023	Updated genetic test wording and allow biopsy as alternative diagnostic method. Removed requirement that weight must be within the last 30 days. Removed QL's due to complexity. Added reference.

References:

1. Emflaza [package insert]. PTC Therapeutics, Inc.; 2021.
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